FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours por rosponso	o 0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Riese Phillip John					<u>Rei</u>	Remitly Global, Inc. [RELY]									Ι,	еск ан аррн <mark>X</mark> Directo	,		10% Ov	vner	
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023										Officer below)	(give title		Other (s below)	specify	
C/O REMITLY GLOBAL, INC.					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. I	6. Individual or Joint/Group Filing (Check Applicable					
1111 3RD AVE., 21ST FLOOR						. , , , , , , ,									Line	ne) X Form filed by One Reporting Person					
(Street)	T. 143		00101														iled by Mor	ed by More than One Reporting			
SEATTL	E W	A	98101		Ru	Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)			$ _{\Box}$	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1 Title of 9	Security (Inc		ic i - ivoi	2. Trans		_	2A. De		3.	u, D	ısp					5. Amou		6 Ov	vnership	7. Nature	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da)						Execution Date,		Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			nd Securities Beneficially Owned Followin		Form: Direct (D) or Indirect		of Indirect Beneficial Ownership				
								Cod	de \	v	Amount		A) or D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 06/01/2				/2023	/2023		N	4		15,75	15,759 A		(1)	85,482			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction ode (Instr.				6. Date Exercisable Expiration Date (Month/Day/Year)			e and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Ex Da	piration te	Title	O N O	lumber						
Restricted Stock Units (RSUs)	(1)	06/01/2023			М			15,759	(2	2)		(2)	Comm		5,759	\$0	0		D		

Explanation of Responses:

- 1. Each RSU represents a contingent right to receive one (1) share of the issuer's Common Stock upon settlement.
- 2. The RSUs fully vest on the earlier of (1) the date of the issuer's next annual meeting of stockholders following the grant date and (2) the date that is one year following the date of grant, subject to the reporting person's provision of service to the issuer through the applicable date.

Remarks:

/s/ Saema Somalya as attorneyin-fact 06/02/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.